

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> AIRCRAFT IMPACTED THE GROUND AND SLID INTO MUNITIONS BUILDING WITH SUBSEQUENT FIRE. AIRCRAFT DESTROYED. MUNITIONS BUILDING PARTIALLY DESTROYED WHERE AIRCRAFT IMPACT OCCURED			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KNFL</u>		Distance From Airport Center: <u>1</u> SM	
Airport Name: <u>NAVAL AIR STATION, FALLON NV</u>		Direction From Airport: <u>308</u> degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: <u>3,934</u> ft. MSL	
Approach Segment <i>(Select one)</i> <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input checked="" type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sideslip <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TWOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input checked="" type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		VFR Approach <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information Runway ID: <u>13 R</u> (L/R/C) Length: <u>14,005</u> ft Width: <u>201</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input checked="" type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KNFL</u> City: <u>FALLON</u> State: <u>NV</u> Country: <u>UNITED STATES</u>		Time of Departure Time: <u>0752</u> Time Zone: <u>PST</u>	
Destination Airport ID: <u>KNFL</u> City: <u>FALLON</u> State: <u>NV</u> Country: <u>UNITED STATES</u>		Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input checked="" type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input checked="" type="checkbox"/> VFR <input checked="" type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> <input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input checked="" type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>979</u> Gallons		Fuel Type <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input checked="" type="checkbox"/> Other, specify <u>JP8</u> <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
Other Services, if Any, Prior to Departure			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KNFL</u> Observation Time: <u>0903</u> Time Zone: <u>PST</u> Distance from Accident Site: <u>0</u> NM Direction from Accident Site: <u>0</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input checked="" type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	
Briefing Type/Completeness <input type="checkbox"/> Full <input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent		Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input checked="" type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown		Visibility <u>1</u> miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input checked="" type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Scattered		Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	
Restriction to Visibility <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input checked="" type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown		Lowest Cloud Condition Height <u> </u> ft AGL	
Ceiling Height <u>1,500</u> ft AGL			
Wind Direction <input checked="" type="checkbox"/> Indicated: <u>350</u> degrees MAG <input type="checkbox"/> Variable		Wind Speed Velocity: <u>23</u> KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	
Wind Gusts Velocity: <u>34</u> KTS <input checked="" type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting		Type of Turbulence <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
NOTAMS (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident FOUR AIRMETS WERE ISSUED ONE HOUR PRIOR TO DEPARTURE FOR IFR CONDITIONS, MOUNTAIN OBSCURATION, ICING AND TURBULANCE BELOW 18,000 FT AND WERE FORECAST TO CONTINUE TO 1300 PST. PIREP BY A NAVY AIRCRAFT ON THE SAME MISSION (DEPARTED AS A WEATHER RECCE) WAS OVERCAST FROM 10,000 FEET TO 18,000 FEET MSL.			
Temperature: <u>-01</u> (C) or <u> </u> (F) Altimeter Setting: <u>29.71</u> in. HG or <u> </u> MB Density Altitude: <u> </u> ft Dew Point: <u>-03</u> (C) or <u> </u> (F)		Icing Forecast Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed Icing Actual Amount <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Light Type <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle		Intensity of Precipitation <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

PILOT "A" INFORMATION																																																																																																				
Pilot "A" Responsibilities at the Time of Accident/Incident <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew																																																																																																				
Pilot "A" Identification First Name: <u>CARROLL</u> City: [REDACTED] Middle Initial: <u>F</u> State: [REDACTED] Last Name: <u>LeFON</u> Country: <u>UNITED STATES</u> Age at time of Accident/Incident: <u>51</u> Date of Birth: _____ Certificate Number: [REDACTED]																																																																																																				
Degree of Injury <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious			Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Center <input type="checkbox"/> Single			Seat Belt Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input checked="" type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
Principal Occupation <input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Medical Certificate <input type="checkbox"/> None <input type="checkbox"/> Class 3 <input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			Medical Certificate Validity <input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input checked="" type="checkbox"/> Unknown			Date of Last Medical <u>03/15/2011</u> mm/dd/yyyy																																																																																												
Medical Certificate Limitations 																																																																																																				
Medical Certificate Waivers 																																																																																																				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>03/2011</u> mm/dd/yyyy				Flight Review Aircraft Make: _____ Model: _____																																																																																																
Airplane Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		Other Aircraft Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instrument Rating(s) (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		Instructor Rating(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport																																																																																														
Type Ratings 						Student Endorsements (Include dates) 																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make & Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>4,679</td> <td>79</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td>79</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>32</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td>13</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	4,679	79									Pilot in Command (PIC)		79									Time as Instructor											This Make/Model											Last 90 Days		32									Last 30 Days		13									Last 24 Hours		1								
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

Pilot "B" Identification

First Name: _____

City: _____

Middle Initial: _____

State: _____ ZIP: _____

Last Name: _____

Country: _____

Age at time of Accident/Incident: _____ Date of Birth: _____

Certificate Number: _____

mm/dd/yyyy

Degree of Injury

☐ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☐ Left ☐ Front ☐ Unknown
☐ Right ☐ Rear
☐ Center ☐ Single

Seat Belt

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Shoulder Harness

Used ☐ Yes ☐ No
Available ☐ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military

Principal Occupation

☐ Pilot
☐ Other
☐ Unknown

Medical Certificate

☐ None ☐ Class 3
☐ Class 1 ☐ Driver's License (Sport Pilot only)
☐ Class 2 ☐ Unknown

Medical Certificate Validity

☐ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)
☐ None
☐ Airship
☐ Free Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

Instrument Rating(s)

(Check all that apply)
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)

(Check all that apply)
☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (enter appropriate number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
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Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious										
Pilot Certificate(s) (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military						Seat Occupied <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single <input type="checkbox"/> Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

MISHAP FLIGHT (MF) WAS PART OF A NAVY TRAINING EXERCISE FROM NAS FALLON, NV (KNFL). MISHAP PILOT (MP) BRIEFED WITH NAVY PERSONNEL AT 0515 PST. SCHEDULED TAKE OFF TIME WAS 0730 PST. WEATHER FORECAST AT TIME OF BRIEF WAS ACCEPTABLE FOR FLIGHT AND WITHIN NAVY AND COMPANY OPERATING REQUIREMENTS.

AT APPROXIMATELY 0643 MP REPORTED TO COMPANY DEPUTY DIRECTOR OF OPERATIONS (DDO) AT NAS FALLON THAT HE WAS CONCERNED ABOUT THE FORECAST OF MODERATE AND MIXED ICING IN A LAYER 8000 FEET THICK. MP AND DDO DISCUSSED ICING, CLOUD CONDITIONS, WINDS AND TAKE OFF AND LANDING OPTIONS FOR FALLON RUNWAY 25. AT APPROXIMATELY 0715 MP STARTED THE MISHAP AIRCRAFT (MA) FOR THE FLIGHT. AT APPROXIMATELY 0737 MP REPORTED TO DDO PIREP REPORTED "IN AT 10K, OUT AT 18K, BROKEN, HIGHT IN THE EAST".

0752 PST, MA TAKE OFF FROM KNFL, APPROXIMATELY 37 MINUTES AFTER ESTIMATED START TIME.

AT APPROXIMATELY 0830 PST, COMPANY MAINTENANCE CREW REPORTS TO MP THAT WEATHER AT NAS FALLON IS "GETTING BAD" AND THAT MP SHOULD RETURN AS QUICKLY AS POSSIBLE. MP REPORTS THAT HE IS "10 MINUTES OUT." MP ALSO REPORTS DETERIORATING WEATHER CONDITIONS AT NAS FALLON TO OTHER NAVY MISSION AIRCRAFT.

BETWEEN 0835 TIME OF MISHAP, MP ATTEMPTS TWO UNSUCCESSFUL PERCISION APPROACHES TO NAS FALLON. ON SECOND APPROACH, AT APPROXIMATELY 4 NM FOR THE RUNWAY, MP TERMINATES THE APPROACH AND EXECUTES A DIVERT TO KRNO. UPON CHECKING IN WITH NORCAL APPROACH, MP IS INFORMED THAT WEATHER AT KRNO IS "BELOW MINIMUMS" AND MP ELECTS TO RETURN TO KNFL.

AT APPROXIMATELY 0910 MP BEGINS A CONTACT APPROACH TO KNFL. AND OVERFLIES THE FIELD APPROXIMATELY ONE HALF NAUTICAL MILE LEFT OF RUNWAY 31L CENTERLINE. MA HAS LANDING GEAR UP.

AT APPROXIMATELY 0915 COMPANY DDO CALLS NAS FALLON BASE OPERATIONS FOR MA LOCATION AND STATUS AND IS TOLD THAT "A KFIR IS DOWN" BUT LOCATION IS UNKNOWN.

AT APPROXIMATELY 0914 MA IMPACTED THE GROUND ON NAS FALLON HEADING ABOUT 150 DEGREES MAGNETIC, APPROXIMATELY ONE-HALF NM SOUTH OF THE APPROACH END OF RUNWAY 13R. AIRCRAFT IMPACTED THE GROUND WITH THE LANDING GEAR UP, AND SLID IN TO A MUNITIONS STORAGE BUILDING. NOSE OF THE MA PENETRATED THE BUILDING AND THE AIRCRAFT CAUGHT FIRE. MP DID NOT ATTEMPT TO EJECT FROM THE AIRCRAFT AND WAS KILLED ON IMPACT. THREE NAVY PERSONNEL WERE FIRST TO RESPOND TO THE ACCIDENT AND ATTEMPTED TO REMOVE THE PILOT FROM THE WRECKAGE, BUT WERE UNABLE DUE TO FIRE AND SMOKE FROM THE AIRCRAFT.

NAS FALLON FIRE DEPARTMENT RESPONDED BUT WERE UNABLE TO INITIALLY FIGHT THE AIRCRAFT FIRE DUE TO THE POSSIBILITY OF SECONDARY EXPLOSIONS FROM MUNITIONS STORED IN THE BUILDING. AIRCRAFT CONTINUED TO BURN FOR SOME TIME BEFORE NAS FALLON FIRE DEPARTMENT WAS ABLE TO BEGIN FIGHTING THE FIRE, AND SUBSEQUENTLY EXTINGUISH THE FIRE.

RECOMMENDATION (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

The mishap aircraft was fully operational with no outstanding discrepancies that would prevent safe execution of the mission, and carried a full fuel load to allow for safe completion of the mission and return to the planned destination or alternate. The mishap pilot was fully current in the aircraft, and received a full mission brief prior to take off with the current information available at that time. While the briefed weather was within safe operational parameters, the mission take off was delayed for over twenty minutes due to local weather conditions developing that were less than forecast. However, the weather was confirmed adequate for safe mission completion as reported by another mission aircraft launched to obtain a PIREP immediately before mission take off.

During the mission, the sudden deterioration of the weather at NAS Fallon led to the recall of all mission aircraft, some of which were able to return to NAS Fallon while some others were forced to divert to NAS Lemoore, CA. The mishap pilot was recalled first by company personnel, and later, all mission aircraft were recalled by Navy personnel.

Mishap pilot made two ground controlled, precision approach attempts in to NAS Fallon, the first resulting in a missed approach due to his inability to safely land the aircraft when he reached the approach Decision Height, and the second resulting in termination of the approach by the mishap pilot when he reached his divert fuel state. His divert attempt was also unsuccessful due to severe weather at Reno International Airport reported as below minimums, forcing the mishap pilot to return to NAS Fallon as the closest available airfield. Mishap pilot then elected to conduct a contact approach and impacted the ground during that approach. The mishap pilot apparently did not attempt to eject, and the winds across the ground were reported in excess of 30 knots as the mishap pilot attempted a very low-altitude, hard turn to the runway environment.

The mishap pilot reported no mechanical difficulties during the flight and the post-mishap fire seems to indicate that there was fuel remaining in the aircraft at impact. Therefore, an apparent likely causal factor of this mishap is the unforecast, severe weather resulting in the inability of the mishap pilot to successfully complete an approach into NAS Fallon or to successfully divert to his planned divert field. The weather encountered during the flight both at NAS Fallon and Reno International was significantly more severe than the weather forecast at the brief, and reported during the flight. While the mishap was equipped with an AERA-510 GPS that gave the mishap pilot current METARs, the actual weather encountered was also more severe than indicated in the METARs.

Because actual weather conditions were significantly less than forecast, it is germane to note that the NAS Fallon weather forecast and METAR reports were not generated by weather forecasters actually located at NAS Fallon, but by forecasters located elsewhere. It is also worth noting that this weather resulted in all mission aircraft being put into extremis, with all mission pilots having to either conduct precision approaches into hazardous weather or to divert to an alternate airfield over 150 miles away. It should also be noted that NAS Fallon routinely conducts large scale exercises with 30 or more tactical aircraft launching and recovering from the field. Therefore, the most significant recommendation to prevent similar instances of unforecast weather at NAS Fallon leading to large scale, unplanned divers or approaches conducted into hazardous weather, both of which could potentially result in aircraft emergencies including the loss of an aircraft, would be to increase the fidelity of weather forecasts and observations at NAS Fallon. This could be done by having actual forecasters in place at NAS Fallon.

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**Date of this Report****Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: _____

*mm/dd/yyyy***Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.****Reviewed by NTSB Regional Office****Name of Investigator****Date Report Received**